COMMISSIONER OF POLITICAL PRACTICES 1205 Eighth Avenue Post Office Box 202401 Helena, MT 59620-2401 TELEPHONE: 406-444-2942 FAX NUMBER: 406-444-1643 WEBSITE: www.state.mt.us/cpp  FORM L-5 (Revised 2/04) LOBBYING FINANCIAL REPORT TO BE FILED by PRINCIPAL  ORIGINAL FILING AMENDED FILID  TYPE OR PRINT IN INK ALL INFORMATION OR REPORTING PERIODS (Check √ Appropriate Box)	POR OFFICE USE ONLY Date Received Postmark Date (If Filed Late)  NG  N THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE			
2003 Calendar Year End Report** April 28 –	December 31 (due February 15, 2004)			
2004 (Non-Legislative Session Year)	2005 (Legislative Session Year)			
** January 1 - December 31 (due February 15, 2005)	** January 1 – January 31 <i>(due February 15, 2005)</i>			
	* February 1 – February 28 <i>(due March 15, 2005)</i>			
	* March 1 - March 31 (due April 15, 2005)			
	** April 1 - End of Session (due within 30 days)			
	** Post Session - December 31 (due February 15, 2006)			
In the event of Special Legislative	Session(s) the following will apply:			
** Adjournment of Special Session (due within 30 days)	nment of Special Session (due within 30 days) ** Adjournment of Special Session (due within 30 days)			
** Post Session - December 31 (due February 15, 2005)	** Post Session - December 31 (due February 15, 2006)			
* Report is required if expenditures for months of February and/or ** Report is required even if no expenditures have been made.	March, 2005, are \$5,000 or more.			
Report is required even if no expenditures have been made.				
FULL NAME OF PRINCIPAL				
COMPLETE BUSINESS MAILING ADDRESS (Including City, State, Zip)				
PLEASE NOTE: If no expenditures have been made OR earmarked contributions received (refer to				
Part III) during the reporting period, check box to the right and only file first page.				
CERTIFICATION				
I, PRINT Name of Authorized Representative of Principal Title  certify that the facts stated in this report are true and correct to the best of my knowledge and belief.				
SIGNATURE of Authorized Representative of Principal Date Telephone Number				

## PART I Required In accordance with MCA 5-7-102, 5-7-112, and 5-7-208

Payments that exceed \$2,150\* to one or more individuals to promote, oppose, or modify the introduction or enactment of legislation on behalf of the Principal are required to be reported.

\*reimbursement for personal living expenses do not have to be reported

A. DURING THIS REPORTING PERIOD, PAYMENTS WERE MADE TO THE FOLLOWING LOBBYISTS TO PROMOTE, OPPOSE, OR

MODIFY THE INTRODUCTION OR ENACTMENT OF LEGISLATION: (Payments include salaries & fees, allowances, rewards, contingency fees)	
Full Name of Lobbyist Paid (Please Print)	Date Representation of Principal Terminated
If additional space is required, provide information on a separate sheet and attach	it to report.
B. THIS REPORTING PERIOD, FOLLOWING PAYMENTS WERE MADE:	Amount Paid (\$)
TOTAL REPORTABLE PAYMENTS TO LOBBYISTS (From Section A)	
TOTAL PAYMENTS MADE TO INDIVIDUALS (OTHER THAN REGISTERED LOBBYISTS) EMPLOYED OR RETAINED TO LOBBY	
TRAVEL EXPENSES	
ADVERTISING (including production costs)	
ENTERTAINMENT (including all foods and refreshments)	
COMMUNICATION (including telephone, fax, e-mail)	
POSTAGE	
PRINTING	
OTHER OFFICE EXPENSES	
TOTAL EXPENDITURES THIS REPORTING PERIOD	
TO THE EAST CHECKED THIS HELD ON THIS I ENGLISH	

## PART II Required in accordance with MCA 5-7-208(5)(d)

List each bill draft request, bill number, and legislative issue\* for which a major effort\*\* was exerted to support, oppose, or modify the introduction or enactment of legislation, and stating the principal's position.

- Describe in sufficient detail to ensure determination of subject, i.e. "no-fault insurance," "methane gas regulation," etc.
- \*\* See Administrative Rules of Montana 44.12.102(6)

ISSUE, LC #, SB #, or HB #	SUPPORT, OPPOSE, OR MODIFY

If needed, provide additional information on separate sheet and attach to report.

## PART III Required in accordance with MCA 5-7-208(5)(c)

List each earmarked contribution and membership fee of \$250 or more, aggregated over the period January 1 through December 31, paid to the principal for the purpose of promoting, opposing, or modifying the introduction or enactment of legislation. Provide full name of each payer, amount, and issue area.

Full Name	A	Janua Area Farmankad
Complete Mailing Address of Member/Contributor	Amount	Issue Area Earmarked
	\$	
	\$	
	\$	

If needed, provide additional information on separate sheet and attach to report.

## PART IV Required in accordance with MCA 5-7-208(5)(b)

Itemize by name of payee and beneficiary, each separate payment of \$25 or more paid to the benefit of any public official and each separate payment of \$100 or more paid to the benefit of more than one public official. Amount of benefit must be reported as an expense in Part I.

Complete Name of Payee	Benefit Amount	Name of Public Official Receiving Benefit
	\$	
	\$	

If needed, provide additional information on separate sheet and attach to report.